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PROFESSOR CHRISTISON'S LECTURE ON THE PRESENT STATE OF MEDICAL EVIDENCE.

[Continued from page 214.]

II.—In thus treating of medical facts, as a branch of medical evidence, so much has been necessarily said, also, of medical opinions, that little remains to be stated under that head, which would not be mere repetition. But there are, nevertheless, some additional considerations which must not be lost sight of.

In matters of science opinion depends on the possession of accurate powers of observation, habits of close reasoning, and extensive well-digested experience. On the first two of these qualifications, it is unnecessary to say anything here. But the third, or the possession of experience, deserves to be attentively considered; because its true nature, as concerned with medico-legal opinions, is often misapprehended both in and out of our profession.

Experience is of two kinds: direct, or knowledge acquired by personal observation; and derived, or knowledge obtained from the observation of others, that is, learning. In ordinary medical practice both acquisitions are highly esteemed. But in the practice of medical jurisprudence an undue preference is apt to be shown for direct experience; and learning has often been unjustifiably undervalued. So much indeed has this precious possession been sometimes underrated in courts of law, that medical witnesses have on several occasions been expressly forbidden to make use of published authorities, and have been enjoined to confine themselves strictly to their own personal knowledge. Nor is this legal prejudice even yet so entirely exploded as to be safely passed by in the present exposition.

The objections in law to the use of derived experience are, that the facts have not been sworn to, and that the witness is made judge of their truth instead of the jury. These objections have been felt so strong by some judges, that they have pronounced such evidence altogether inadmissible. Thus, at the trial of Mr. Donnall at Launcestown, in 1817, for poisoning his mother-in-law with arsenic, which was proved to exist in the stomach after death by means of two liquid tests only—a medical witness for the prisoner stated that he had found phosphate of soda to be similarly acted on by these tests as arsenic; and that phosphate

of soda might well exist in the stomach, because the contents were bilious, and this salt had been found in all sorts of bile by Thénard. But Mr. Justice Abbott here stopped him, observing that "the Court cannot take the facts from any publication, or as related by any stranger" [Paris and Fonblanque, iii., 291]. Nevertheless, the authority of Thénard, in a question of chemical science, was of course very much superior to that of the witness who thus appropriately referred to him. So, too, at a prior trial, that of Miss Butterfield, in 1775, for poisoning Mr. Scawen—a case which turned mainly on the question whether mercurial salivation may recommence six weeks after its cessation without mercury having been again taken—one of the medical witnesses for the prisoner proposed to read a passage from the treatise on poisons of Dr. Mead, who was at that time the highest English authority in toxicology, and who mentions a case of the kind with an interval of six months. But Sir Sydney Smithe, the presiding judge, forbid him to read it, and told him to confine himself to his own personal experience. Other English judges, however, have taken a different view of this question. On the trial of Spenser Cowper for murder, in 1699, Dr. Crell, a principal witness, was allowed, after a brief altercation with the Bench, to "quote the fathers of the profession," and availed himself of the permission somewhat unmercifully. At a trial in London for child-murder, in 1802, a witness, who ignorantly swore at the coroner's inquest, that the child had been born alive, because the hands of the dead body were clenched, a thing which he had never witnessed in stillborn children—retracted that opinion on the trial, because a friend, whose name he mentioned, had assured him that he had seen clenched hands in a fœtus which undoubtedly had never breathed; and this reference was allowed by the presiding judge, in face of one of the best-established rules of evidence. But the most decisive opinion that has hitherto been delivered on this subject in England, is that of the late Chief-Justice Dallas; who, when a medical witness attempted to disparage the evidence of written medical authorities, by saying that "the writers of books would advance anything," severely censured this impertinence, observing that he "would not sit in a court of justice, and hear science reviled, and the recorded researches of the medical world represented by ignorant tongues as leading only to uncertainty" [Amos, in London Medical Gazette, vii., 613].

The practice in Scotland has never, to my knowledge, been so irrational as that enjoined by the opinions of Justice Abbott or Sir Sydney Smithe. But I doubt, on the other hand, whether sentiments have ever been expressed from the Scotch bench so strongly on the side of learning as by Chief-Justice Dallas. Nevertheless, his views are both philosophically and practically sound. Facts in science, as laid down by authors of standard reputation, will bear comparison for truth and stability with any body of ordinary facts sworn to in a court of justice. Nor can any one be so partial to that particular form of enunciating facts as to suppose, that the cause of truth in science would be a gainer were every book sworn to be true by its author; or that this precau-

tion would bind him more strictly than the solemn paction of sincerity which he tacitly makes with the world by the very act of publication.

Let me not be supposed to undervalue direct experience. But let us nevertheless see what it exactly amounts to in matters of medico-legal inquiry. The value of any one's direct experience on a particular point must depend, not on direct experience alone, however large, but mainly on his having compared and combined it with the vast stores of derived experience, amassed by his predecessors, and generalized as it has accumulated. Were a witness, in a trial for poisoning with arsenic, to recommend his evidence to the court, as I have known some do, by stating that he had seen some two or three cases of the kind before, and the symptoms and morbid appearances in these cases corresponded with what were observed in that under consideration—this direct experience would really mean nothing more, than that he had an opportunity of verifying, by a few personal observations, the facts and principles derived from the classified testimony of hundreds of prior observers. A man of true learning, thus applying the process of verification, may draw his conclusions as soundly at the first as at the third observation; and is likely to do so much more soundly at the first, than will ever be done on any occasion by one, who, affecting to despise learning, boasts that he relies only upon his own narrow opportunities of direct experience. A few years ago, a surgeon in the north was called to a patient with obstinate stomach complaints and colic; which the means he employed relieved from time to time, but did not remove. Puzzled with the inveteracy of the case, he was one day pondering at the patient's bed-side what could be the cause, when his eye fell upon a water-bottle which was lined inside with a brilliant, white, pearly, crystalline film. He instantly saw that he had to do with a case of slow poisoning with lead. He had, indeed, never seen a case of lead-colic before, but he had read of it. He had never seen a water-bottle so silvered over until then, but he had read of that, too, in an account of the only parallel incident on record. He applied a test to the water in the bottle, and detected lead in it. He went to the cistern, which he found lined like the bottle, with white carbonate of lead. He found lead in the water fresh drawn from the supply-pipe, which brought the water from a spring at a great distance. Finally, the water was analyzed, and found to be one of those which act on lead. Now, suppose this incident had led to a legal inquiry—were another of the kind to occur, indeed, the engineer would well deserve to be made an example of—and this surgeon had been asked, according to a prevailing practice with counsel, whether he had ever seen such a case of poisoning before, would his evidence have been invalidated by his reply? Assuredly not. This gentleman, Mr. Johnston, of Peterhead, had read as if he had seen. He drew his conclusions from experience, though not personal. And since nothing could have been wanting to the conclusiveness of his opinion as it would have stood, so nothing could have been added to it in that respect, had he witnessed, instead of perusing, the previous case. Some years ago I was requested to inquire into a mysterious case of poisoning with arsenic. I had not previously seen any one during life who had taken that poison.

But by frequent reading, lecturing and writing on the subject, the varied forms of arsenical poisoning were as familiar to me as if they were all marshalled before my eyes. There was arsenic in the dregs of a tea-cup, from which the poison was said to have been drunk. Nevertheless, I was convinced from the symptoms, that the case was one of pretended poisoning; I pronounced it such; and such it was proved to the satisfaction of all, by an analysis of the first matter vomited, in which there was not a trace of arsenic. Now, of what avail here would have been the opinion of one acquainted with arsenical poisoning by personal observation only. He might very well have seen even a dozen cases, and yet none but its common forms, and thus been ignorant of the only forms which there is any difficulty in distinguishing. Half instructed merely, and all the more full of prejudice on that account, he would have given an opinion, with confidence indeed, as such men usually do, and winning, very probably, the confidence of a court, but on which no man of true experience would have placed any reliance.

There are some things which a medical man encounters so often in practice, that in regard to them learning is next to a superfluity. There are some practitioners of so vast opportunities of personal observation, that with them direct experience might almost take the place of learning in most things. Were medical evidence concerned only with matters of this kind, or with men of this stamp, it would truly be of the highest order. But unhappily for such a consummation, rare incidents in medicine have a strange luck to turn up in medico-legal inquiries; and medico-legal incidents are most apt to arise in a station of life which naturally throws them often into the hands of not the most-instructed members of our profession.

Hence in all probability it was that courts of law felt the necessity of submitting upon trials the primary medico-legal proceedings to the revision of witnesses of learning and skill, though not personally cognisant of the facts. This practice has prevailed systematically only from a rather recent date; and even still its usefulness, and in some instances its admissibility also, are occasionally denied.

[To be continued.]

CARBO LIGNI, AS A THERAPEUTIC AGENT.

BY A. I. CUMMINGS, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

ALTHOUGH I am well aware that charcoal has been in use as a remedial agent almost from the earliest history of medicine, to a greater or less extent, yet it seems evident, to *me* at least, that it does not enjoy that confidence among practitioners at the present day, that its real nature merits. As an antiseptic, it is true, it is occasionally prescribed; but according to my experience, its application should not be restricted to such narrow limits. I have been accustomed to prescribe charcoal in various diseases, and will endeavor in this article to confine myself to its therapeutic application, and the results of its use, in my own practice.

I would premise, however, that the charcoal of trade is impure, and far less valuable than that manufactured agreeably to the directions of the United States Dispensatory.

In *typhoid, ship, yellow and other fevers*, especially in putrid types of fever, the charcoal acts admirably. I have given it frequently in the low varieties of typhoid and ship fevers, when the bowels were tympanitic, and the fæcal evacuations so excessively disgusting as to be almost unendurable, and always with more or less satisfactory results. Whenever the fever, let it be of whatever character it may, takes a putrid type, and the bowels become hard and tender, I never hesitate to order charcoal in teaspoonful doses, in molasses, or, what is far preferable in my opinion, yeast, made as palatable as possible, and repeat the dose every fourth hour or oftener, as circumstances may require. This, with enemata of the same, or yeast, &c., usually relieves the bowels in a short time, or at least destroys the putrid tendency often so fatal in warm climates, on ship-board, in jails, and in other confined places. In all the fevers accompanied by a putrid tendency, charcoal cannot fail to be beneficial, to some degree at least.

I have used it also in *dysentery*, where there was acidity, and am confident, from my experience with it in this disease, that a more extensive use of it would be not only judicious but valuable. It is, to a certain extent, a *tonic*, and promotes a healthy tone of the stomach and bowels, as well as neutralizing acidity in the prima viæ.

In *dyspepsia*, also, charcoal is a valuable remedy. Taken two or three times a-day, it imparts a healthy tone to the stomach; and also in *pyrosis* and *gastralgia*, arising from a redundancy of acid in the stomach, charcoal will be found preferable to the alkaline remedies most in use in those varieties of gastric derangement. It seems to have more than ordinary alkaline or antacid properties, and combines a tonic, if not astringent effect, in its result upon the irritable mucous membrane of the stomach especially.

As a preventive of that form of sympathetic disease known as *sick headache*, charcoal is one of the best preparations with which I am acquainted. It should be taken occasionally before the anticipated attack (as the disease is usually periodical), and if it will not prevent it entirely, at least it will usually mitigate the symptoms, and cut short the duration of the disease.

In recommending the usual preventive and remedial agents to those who are about to visit the "far West," or California, I never neglect charcoal. It is, according to the best of my judgment, deduced from somewhat extensive observation, by far the most effectual remedy as a preventive of that dread of travellers, *intermittent fever*. A few years since, three families from New England emigrated to the West, and located themselves in a region whose malarious influence permitted but few, especially new comers, to escape an essential *shaking up* with ague; and as they were aware of the fact before they started, they provided themselves with charcoal as pure as could be found. On arriving at their place of destination, they took the charcoal twice a-day in whatever vehicle was at hand, and for six years, while most of those

around them were afflicted with the disease, not one of the members of the three families were in the least affected by it. At length the head of one of the families said it was all nonsense, and he was determined to quit the use of the charcoal, as he believed he was proof against the "shakes" then; and in spite of the remonstrances of his family and friends, he discontinued the use of it. In about three weeks he was taken down with the disease, and suffered severely, while not another one of those who were with him suffered in the least from it. This was told me by a regular physician who was acquainted for a long time with the parties, and who had himself resided in Kentucky for several years, and I have no doubt of its truth.

"But," perhaps it may be asked, "does not so much charcoal have a tendency to produce constipation, like magnesia and other articles of that class?" I answer, not in the least; on the contrary, in severe *constipation*, where it has become habitual from sedentary pursuits or other causes, there are very few articles in the materia medica more valuable than this. It is a mild laxative, and, so far as I am able to judge, there is no danger of its forming concretions in the bowels, or of producing any other unfavorable result. In *indigestion*, also, the tonic and antacid effects of charcoal will be found valuable; and as it is so easy to obtain it, none need deprive themselves of its benefit. On ship board, as a preventive of the *scurvy* so incident to long voyages, charcoal cannot be too highly eulogized; and I believe if sea-faring men, especially in hot climates, would even occasionally take a teaspoonful of it, many valuable lives might be saved that now fall a prey to the *yellow fever*, and *bilious diseases* in all their Protean varieties. Cholera, also, I have no doubt, might often be prevented by the occasional use of charcoal. No better antiseptic, I believe, can be produced, that can be so easily procured, and so extensively used at little cost.

Thus much for its *internal* exhibition. As an external application, charcoal has hitherto enjoyed its almost exclusive reputation. In *anthrax* or *carbuncle*, a poultice made of charcoal and yeast is my favorite remedy, in the use of which I have never been disappointed. I have used it in several severe cases, where the putrid and malignant tendency was truly alarming; and usually with the happiest results. It will perhaps be said that the yeast is also a powerful antiseptic. I admit it, and it is a favorite remedy with me; but from the two combined, I believe we obtain better, and more satisfactory results, than from either used alone. If, however, I can have but one, give me fine charcoal. It soon changes the color of the anthrax from its leaden hue, and causes a more healthy appearance to present itself. I have also used it in old *ulcers*, frequently, and with manifest advantage. It cleanses them thoroughly, and stops the sphacelating process in phagedena, and putrid sores, where gangrene has even commenced, in some cases, and relieves to some extent in all. I know of no better application in all those cases where mortification has, or is about to, take place, than *charcoal powder*, and *yeast*, *malt*, or *stale beer grounds*, when they can be procured. It is also valuable in those cases of *erysipelas* in which there is a putrid tendency, and especially in hospitals, and ships, or wherever numbers

are exposed, who are already suffering from wounds, or recovering from operations. In a word, wherever antiseptic properties are necessary, charcoal will subserve a valuable purpose, and well repay the trial.

Once again, in *cancer*, I have used the charcoal in the form of poultice, either with or without yeast or other adjuvants, with great advantage. It prevents the tendency to putrefaction, destroys the offensive and sickening exhalation, especially in *warm* weather, and if it does not *cure* that which is justly considered the "opprobrium medicorum," it at least renders the life of the patient endurable to himself, and less disgusting to his friends than it otherwise would be.

Thus much for charcoal. I have given my opinion in relation to its merits candidly, for it is not a "*hobby*" with me; I only desire to give the result of my experience with it to my friends, and my professional brethren. To the student and young practitioner, practical essays of this character are always welcome, and the seniors and revered fathers of the profession will take the "*will* for the *deed*" if I am unable to impart to *them* any *new ideas* from my humble pen.

Roxbury, April, 1852.

TOXICOLOGICAL APPLICATIONS OF NITROUS OXIDE.

BY GEO. J. ZIEGLER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE recent fatal and deplorable accidents from the inhalation of chloroform induces me thus early to give to the profession the results of a series of experiments instituted, and which I am still prosecuting, for the purpose of preventing such disastrous effects, not only from the influence of this, but all other analogous agents, and in fact in all cases of suspended animation from whatever cause, unconnected of course with organic lesion, &c.

The report of these experiments has been deferred till their completion, to render the evidence more conclusive; but as the necessity is so immediate and imperative for some more efficient means for the prevention of such casualties, and the more positive resuscitation, when animation has thus been dangerously suspended, and in the hope that the agent here presented will supply the long-sought desideratum for the purpose, I will give a brief abstract of them so far as I have proceeded, reserving a more detailed account of my observations for a subsequent period.

The subject, however, is one to which I directed attention some time since in a publication entitled Zooadynamia, viz., the introduction into the system of that powerfully exhilarant and stimulant agent, nitrous oxide.

To test most rigidly its properties and practically to demonstrate its value, I placed dogs in an extremely dangerous condition by the influence of various well-known, highly-poisonous and destructive agents. Thus in some instances they were so thoroughly overpowered by such influences, and so completely asphyxiated, that respiration and cardiac action

were apparently permanently suspended; whilst in other cases, respiration was deficient and the action of the heart barely perceptible. In others, again, these functions were very much impeded and overwhelmed, and at a very low degree of activity, with of course complete insensibility in all cases, and seemingly death in the former instances; yet notwithstanding such unpromising circumstances, on the injection into the bowels of this agent, in the form of nitrous oxide water (an abundance of which was kindly placed at my disposal by the manufacturers), they were completely and speedily resuscitated. The recovery in some instances, indeed, was so rapid and perfect as to be scarcely credible unless from the direct evidence afforded by ocular inspection.

It will be observed that in most of such conditions the gas could not be introduced through the lungs by inhalation, or the surcharged liquid or any other agent into the stomach by deglutition, these functions being so completely in abeyance.

The agents that I have thus far experimented with are carburetted hydrogen, carbonic acid, chloroform, prussic acid, aconite, and strangulation by hanging; in all of which the most surprising and gratifying, and to my mind conclusive results, were obtained from the revivifying effects of this powerful remedy. It has succeeded in all these cases, with one exception, in perfectly and rapidly restoring the dogs from the conditions above specified to full life and activity in a very brief period. The exception is that with aconite, in which, however, the animal was restored to consciousness three differerent times, but ultimately relapsed too strongly for recovery.

The above is merely an imperfect generalization of the results obtained in these experiments; but, as before stated, a more detailed account will be presented at a subsequent period, as I anticipate being able to demonstrate still further the valuable properties of this extraordinary agent.

I will also incidentally state that (therapeutically) I have obtained very beneficial effects from the nitrous oxide in this form, in the treatment of various affections, particularly chronic conditions of the pulmonary organs interfering with proper oxygenation of the blood, as in chronic bronchitis, &c.; it seeming, also, to a certain extent, to be a resolvent to the diseased condition. As a general tonic I have found it very efficient, and consider it preferable, in many instances, to some of our standard remedies of that class; in fact, it may become a substitute for some of them, and I will here take the opportunity of bringing it forward as a succedaneum in the place of quinia in the numerous affections in which it is more peculiarly applicable. Also as a diuretic in general dropsy, the nitrous oxide water acted most surprisingly and efficiently in one case—the only one in which I have had an opportunity of testing it. In another case of chronic irritation of the urinary organs, it seemingly proved curative. Indeed it is indicated and applicable in all cases in which its peculiar stimulant and resolvent influences are desired, and its chemical constituents, especially essential to the pulmonary and renal functions, are required, except where incompatible from existing contraindicating complications.

From the results of my toxicological and therapeutical investigations with this agent, I am induced to believe that it will prove to be a remedy of greater and more varied application than almost any that we now possess.

Philadelphia, April 17th, 1852.

SCARLATINA IN THE HORSE.

REPORTED BY CHARLES M. WOOD, VETERINARY SURGEON.

[Communicated for the Boston Medical and Surgical Journal.]

On Sunday, February 8th, 1852, my attention was called to a horse (at Hale's livery stable), the property of S. J. N., of this city. My subject was a chesnut horse, six years old, and was laboring under the following symptoms. The pulse 70, and full; respiration quick; mouth hot and dry; extremities warm; Schneiderian and conjunctival membranes highly injected; bowels constipated; appetite impaired; and extreme thirst. The owner informed me that, on the previous Friday evening, he observed a slight lameness in the off hind leg; which, after going a few rods, disappeared. He also said that the animal did not then appear in his usual spirits. On Saturday he remained in the stable during the day.

I gave the following medicine: aloes Barb., ʒ iij.; hyd. sub. mur., ʒ j.; ant. tart. potass, ʒ j.; nit. potass, ʒ iij., in a ball. Ordered that his diet should consist of bran mashes, and to drink infusion of linseed.

2, P.M.—I found my patient standing in the same place, and in the same position in which I left him. He appeared much the same, except that the hind extremities were beginning to swell. There was also swelling and soreness of the throat, with some swelling in the submaxillary space. Stimulate the throat with acetate of cantharides, and give an injection of soap and water per rectum.

8, P.M.—He appeared immoveable; pulse 72; respiration 26; extremities swelling fast; urine scanty and dark colored. Has had an evacuation of the bowels; fæces small, hard, and covered with mucus. Gave aloes Barb., ʒ j.; verat. alb., ʒ ss.; nit. potass, ʒ iij., in a ball. Continue diet.

9th, 7, A.M.—Still standing; nor do I think he has moved a foot during the past night. Pulse 66; respiration hurried, but less labored; mouth hot; conjunctivæ unusually red; the Schneiderian membrane, as far up the nostrils as I could see, and inside of the lips, mouth and tongue, was covered with numerous small specks and streaks of a bright scarlet color. All the extremities very much swollen; great anxiety for drink. Soreness in the throat relieved. He drinks better, but eats very little. Gave hyd. sub. mur., ʒ ss.; verat. alb., ʒ ss.; nit. potass, ʒ ij., in ball. There were numerous erect spots of hair on many parts of the body; but little or no elevation of the integument was perceivable.

8, P.M.—Swelling of the extremities increasing; bowels responding to the medicine; the urine high colored, in small quantities, and voided

with great apparent difficulty. Repeat medicine, with bals. copaiva, ℥ j. Continue diet.

10th, 7½, A.M.—Standing back, quite out of the stall, to the full length of the halter, and cannot be induced to move. Pulse 56; respiration 16, and deep; lips swollen, and the extremities, particularly the hind ones, to an enormous degree, extending up the thighs, and terminating rather abruptly; extremely tender to the touch; serous discharge, slightly tinged with blood, from the right nostril; some soreness remains in the throat; bowels relaxed; urinates with some difficulty. Gave apocynum Canabinum, ℥ ij.; tereb. venet., q. s. for three balls; one, morning, noon and night, with a moderate quantity of wetted hay, and about two quarts of potatoes during the day.

11th.—Still standing; moves reluctantly; pulse 58, and feeble; respiration 12; slight discharge, of a serous and bloody character, from both nostrils; breath fetid; urinates freely, and of a bright color; bowels pultaceous, but the evacuations very offensive. Mouth of a pinky color; scarlet spots remain on the Schneiderian and conjunctival membrane, lips, mouth and tongue; coughs to-day, for the first time, and discharges a little mucus from the mouth. Gave spts. nit. ether, ℥ jss., liq. amm. acet., ℥ iij.; water, ℥ viij., morning and night. Some soreness remaining in the throat, rendered the administering of medicine in this form very difficult. Stimulate the throat as before, and continue diet.

12th.—Symptoms nearly the same as yesterday. Steps across his stall with less difficulty; swelling of the hind extremities little reduced, not so painful, nor quite so hard; pitting on pressure. In backing him out of his stall, he came near falling, and with great apparent labor walked up the stable and back. He could not extend the fore extremities, so as to enable him to step over the bedding, on re-entering his stall. Appetite much impaired, less thirsty; bowels and urinary passages regular. Gave gentian and ginger each ʒ ij. in a ball, morning and night. Continue diet.

13th.—Swelling in the thighs reduced; not so painful, nor so hard, but it had extended to the sheath, and under the belly. Pulse 48; respiration tranquil; discharges healthy; appetite returning; drinks but little; breath not so fetid; still discharges from the nose; coughs some. Scarify the sheath, and had him walked up and down the stable floor fifteen minutes. Medicine, the same as yesterday. Continue diet.

14th.—Improving; swelling of the extremities, scrotum, sheath and abdomen, less. Spots on the Schneiderian, conjunctiva, lips, mouth and tongue, disappearing. Discharge from the nostrils subsiding. Appetite better; coughs less; walks freely. Gave a gentle tonic and diuretic; ordered two quarts of scalded oats; a few of which to be given at intervals of an hour. A small quantity of hay and a carrot or two occasionally. Exercise the same as yesterday.

15th.—Amendment is evident. Swellings subsiding. The red spots on the membranes scarcely observable. Appetite good; walks freely; coughs less. Laid down last night. Increase his food and exercise. Continue medicine.

16th.—Still improving. Swellings continue to decrease. Mucous surfaces healthy. Diet, exercise and medicine the same.

17th.—Continued to improve, from this time up to March 2d, when I considered him convalescent. Had him walked out to Cambridge, where he is now rapidly recovering his health, spirits and condition.

As to the immediate cause of the above disease, I am not prepared to offer an opinion. I would observe, however, that he has been the subject of the following diseases. In 1851, Sept 16, an attack of pneumonia, which continued from twelve to fifteen days. Nov. 5, laryngitis, five or six days. Dec. 17, influenza, ten to twelve days. From all these attacks he apparently recovered; nor was he at any time, since being in the possession of his present owner, in better health and condition than a few days previous to this last attack, which was, perhaps, a sequel to the former several diseases.

Boston, April, 1852.

EXPULSION OF TAPE-WORM.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I send for publication the following case of tape-worm, which has been successfully treated by me. I also send you the mode of preparing the empyreumatic oil, which you will oblige me by publishing in connection with this case.

Mr. Deding, No. 51 Avenue C, New York, æt. 35, had for many years been afflicted with tape-worm, and had been under the treatment of several physicians. He frequently passed large quantities of the worm, but the head was not discharged, and the worm accumulated again. I put him under the following treatment, which expelled the entire worm, including the head. I commenced by giving him a mild purgative of cream of tartar, sulphur, and confection of senna. This having evacuated his bowels, I gave him the empyreumatic oil, two teaspoonfuls morning and evening, for three days, and a plentiful and frequent use of barley water. As is usual in cases where the empyreumatic oil is employed, quantities of mucilaginous matter were discharged, accompanied with portions of the worm. As my object was to discharge the worm as near entire as possible, I abandoned my old practice of giving calomel and jalap as a cathartic, and substituted kousso, it being both cathartic and anthelmintic. I gave him three doses of the kousso, 3j. each, which produced a powerful catharsis and evacuated the worm almost entire, including the head. The worm was discharged into a chamber containing water, through which it swam freely. My object in giving kousso is, that as it is both cathartic and anthelmintic, and very rapid in its cathartic powers, I judged it would expel the worm entire, as was the result. I measured the worm; it was over sixty-five yards, and I shall be pleased to let any medical man see it, as well as my museum, which contains many interesting subjects of this nature.

I have tried the kousso alone in some cases, but without success, and

I think if it is administered after the empyreumatic oil, it will be found a useful and certain auxiliary. Yours respectfully,

J. X. CHABERT, M.D.

431 *Grand st., New York, April,* 1852.

The following is the mode of making the empyreumatic oil, which is here given for the information of the profession. R. Mix one part of the empyreumatic oil of hartshorn, one part of oil of turpentine; let them stand for three days, and then distil in a glass retort over a sand-bath; let three fourths pass over, and destroy the rest.

CYNANCHE TRACHEALIS.

[Communicated for the Boston Medical and Surgical Journal.

I HAVE been frequently summoned hastily to visit children, during the autumnal and winter months, suffering from a sudden attack of croup. Usually I find them with flushed countenances, rapid full pulse, hurried and difficult respiration, and stridulous cough. The last two symptoms usually cause the alarm to the patient's friends.

This form of croup comes on suddenly, more often in the night time, with short paroxysms, leaving the little patient quite free from distress ere morning dawns. The following day the child plays about the room with few symptoms of disease, save occasional fits of coughing. The severe symptoms may recur again at night, and may not, or more usually the child suffers a milder paroxysm, and entirely recovers in a few days. Such is the disease that the common people in this vicinity call croup, which they often dose with "chamber lie and molasses, goose oil, skunk's grease," and a few such remedies; and if not successful, hastily summon their physician.

I have learned by experience to make a very favorable prognosis in most cases of sudden attacks of "croup" occurring in the night time, although often the inspiration and coughing or crowing are very severe. A gentle ipecacuanha emetic breaks the paroxysm, and a gentle cathartic with an expectorant is usually all I find it necessary to give in such cases.

Real croup is a very rare disease in my practice, and is usually fatal. So I send you an account of the following case, because the event is more favorable than severe cases of that kind usually are under my management.

Emma A———, aged 19 months, with light-blue eyes, flax-colored hair, white clear skin, and quite fleshy, nearly a year a resident in my family, attracted my attention the 29th of February last by her hurried respiration, cough and hoarseness. Pulse about 140; respiration 60 per minute; skin dry and hot; bowels regular; tongue red at its tip and edges. Prescribed ipecac. and sanguinaria emetic, same to be repeated at short intervals in small doses as expectorant; mustard paste to thorax, drafts to feet, and especially careful nursing.

March 1st.—Hoarseness increased; pulse 153 per minute; other symptoms about as day previous. Prescribed an occasional emetic of

ipecac. and scilla maritima whenever "most choked up," and its occasional use in small doses as expectorant; otherwise continue treatment. I noticed during the following day that the child was evidently failing, its voice almost gone; its cries resembling, more than anything else, the squeaking of a young mouse; its strength fast giving way; pulse 165 and upward, sometimes so high I was unable to count them. Ipecac. and squills had no effect upon its stomach. Patches of false membrane made their appearance at the base of the tongue, cheeks and lips; peeled it off the gums with my fingers. The breathing now became so difficult that we apprehended immediate death by suffocation, unless she had speedy relief.

A solution was prepared containing about one grain tart. ant. et potassa to one ounce of water, and administered in teaspoonful doses. Emesis followed freely, with partial relief to the difficulty of breathing. An annular portion of false membrane was discharged, about three fourths of an inch in length, during the vomiting. In the course of half an hour the child seemed collapsing, the pulse sank, the countenance pallid, skin cold and covered with sweat, eyes rolled up, and child gasped for breath. Gave brandy and water, and it revived. For four days and nights there seemed to be little alleviation in the symptoms of my little patient, during which time I left the case but a very short time. The severest paroxysm occurred at night. The voice was extinct, and the solution was repeated sufficiently often to keep the child under its influence. A gentle purge of calomel was occasionally given.

The tenth day after I first prescribed for the child, its breathing became permanently relieved, and it began to cry very faintly and hoarsely, scarcely making an audible sound, the false membrane beginning to disappear from its mouth, and for the first time during its illness seemed willing to take a morsel of nourishment. From this time the symptoms gradually improved, until the 21st March, when the child was removed by its father to Medford, Mass., notwithstanding it had not recovered from its hoarseness. Since then, I have no tidings from the patient.

Guilford Centre, Vt., April 16, 1852. E. C. Cross.

A SPIRITUAL COMMUNICATION.

[Communicated for the Boston Medical and Surgical Journal.]

"Homo sum defunctus," exclaimed the late S. S., and his remains, soul and body, except a small portion of "detached vitalized electricity," which collected about the point of a gold pen in his vest-pocket, having been immediately consigned to oblivion in the *pint cup* in which he was so fortunate as to be left, the said "detached vitalized electricity" begs leave, in behalf of his late owner, most respectfully to apply the "annihilator" to the fire by which he was so mercilessly consumed. He begs leave to assert that his late owner intended in no way to misrepresent the *meaning* of the author of *the* theory, and respectfully leaves it to the candid to judge from the review of the reviewer, whether any such misrepresentations of meaning were made; that the author

entirely fails to comprehend the design and argument of the review, especially in thinking the article directed in any degree against him personally, when the reviewer did not even care whether his "vitalized electricity" were *attached* to a body, or wandered in thin air; that the author adduced but *two* reasons why he called it "detached vitalized electricity," and in his first paper affirmed they were of little weight in his own mind, and in the second paper re-affirmed the same; that the late S. S. showed clearly and satisfactorily to many competent judges, from the author's own language, that what he claimed to be *involuntary*, was manifestly *voluntary* action, which is the whole point in dispute, and that on which all "communications" must stand or fall; and that the author has not even attempted to show to the contrary. The said electricity vitalized, detached from the late S. S., after most solemnly affirming that the late S. S. was a *he*, in full of the masculine gender, of its rights and appurtenances possessed, will respectfully leave the author of *the* theory, till, like the Philistine priests, he shall have picked up his Dagon from the ground, to which, like its prototype, it has pitilessly tumbled for want of power to stand. Most respectfully,

THE DETACHED VITALIZED ELECTRICITY OF THE
April, 1852. LATE S. S., OF STAFF. SPA.

ABUSE IN THE USE OF CHLOROFORM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—After reading the report of one of the cases of death from the use of chloroform, which have recently appeared in your Journal, I cannot avoid raising my voice against what appears to be the abuse of that drug in some cases. I refer to the pernicious habit of continuing the administration after insensibility is produced. Such a procedure seems to me to be excessively dangerous. As far as my knowledge extends, the rule adopted by our best surgeons, in the administration of chloroform, is, to suspend the inhalation as soon as the patient is insensible; and if the effects are not sufficiently permanent, to re-apply the sponge with the first signs of returning consciousness. In this way the necessary condition has been maintained for more than an hour, without the least ill effects. I am in the constant habit of using anæsthetics in small operations; and they are especially necessary in operations upon diseased nails, on account of the extremely sensitive nature of the parts; but I always find that removing the article employed as soon as insensibility is perceived, or even before, gives ample time to operate in the most leisurely manner. There are undoubtedly some unfortunate cases, in which the use of chloroform is almost necessarily fatal. Such seems to have been the case with the patient of Dr. Park, of New Haven, and with several cases that have been reported in the London Lancet within the last few years; and it is none the less true that it is often impossible to foresee the fatal results. These considerations should make us exceedingly careful in the use of this powerful agent; and above all

things, the presence of a well-qualified assistant is necessary—a precaution apparently neglected in the fatal case occurring recently in Chelsea, as the operator was only aware of the condition of the patient after the operation was concluded, the inhalation having been continued until that time. C. M. BROWNELL, M.D.

East Hartford, Conn., April 26, 1852.

CATECHISM FOR MRS. WILLARD.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As Mrs. Willard has announced herself as the discoverer of one of the greatest principles in physiology, she has placed herself in a position to be catechized as well as criticized; she is bound, not only to *prove* the *proposition* she has made, but to answer *all objections* which can be made to lie against it. Many propositions, which are fallacious, are easily proved when no objections are considered. Such appears to be the case with the theory which attributes to the *lungs, the chief motive power of the circulation.* I wish to propose *three* questions, which I should like to have Mrs. Willard or some of her *followers* answer.

1. Where is the motive power of the circulation in those classes of animals which have *no lungs*, such as the fishes, mollusca, crustacea, insects, radiata, vermes, &c.?

2d. Where is the motive power in the fœtus in utero, when the lungs have no peculiar part in the circulation?

3. Where is the motive power in the fœtus or embryo, before the lungs are formed at all, and the heart is the only centre?

If these queries can be satisfactorily answered, Mrs. Willard's hypothesis may become a scientific fact, but not before.

Rochester, N. Y., April 28, 1852. M. M. ROGERS, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 5, 1852.

Analysis of Physiology.—A second edition of a condensed view of the most important facts and doctrines in the delightful and instructive science of Physiology, is before the public, from the press of Messrs. Lindsay & Blakiston, by John D. Reese, M.D. The author first announced himself with this work in 1847, since which he has been constantly improving the text by new and important facts. Physiology cannot stand still. Every day is adding to the mass of material already accumulated, modifying our former views, and further illustrating the economy of nature. At no period, therefore, can it be said with truth that there is nothing more to explore in that direction. Philosophers have successfully traced life from its first dawnings, through all periods, to its extinction in death. There is a point, however, not yet inspected—a secret never divulged, and which seems to defy the scrutiny of human sagacity, viz., how it begins. It is admitted, without argument, that all our knowledge of the globe we inha-

bit, is derived from the properties of matter—the causes of motion remain a mystery, and the origin of life equally so. It is the province of physiologists to discuss and explain these grave subjects; and, where light is at their command, dispense it for the edification of others who are less conversant with the laws they are endeavoring to comprehend. But these subjects cannot advantageously be exhibited here, although the examination of Dr. Reese's volume gave rise to this allusion to them.

Among the curiosities of science, are the ups and downs of theories. In medicine especially, too many have been entertained. Because it is less laborious to frame a law and shape it to the circumstances of the case, than to proceed deliberately in gathering up facts, from which just conclusions could alone be drawn, the practice of the profession has fallen into strange hands. One school of practitioners after another have promulgated their views, yet added but very little to the real domain of medical knowledge. Those who have invariably studied diseases instead of cultivating their imaginations, have lived to some purpose. Not so, however, with physiologists. We cannot depart from nature, and study the modes by which she operates. New discoveries add to the value of whatever had previously been gathered, and thus important advances are continually being made. This work embraces, in a compact form, the essence of elaborate productions, to which is subjoined the most recent and reliable information. On that account, its merits are obvious, and we trust that the modest claims of the clear-thinking author may be properly estimated by professional readers.

Progress of Dental Science.—Dr. Parmly's lecture before the graduating class of the Baltimore College of Dental Surgery, is a clear, energetic performance. He is extremely severe upon Dr. Trenor, of New York, who seems to have given mortal offence by his comments on dental education. When professional brethren fall out among themselves, the public find a difficulty in deciding who is in the wrong. Dr. Parmly is determined to uphold the dignity of his profession, and he will not yield an inch of ground to any man. That the dental institutions are serviceable in diffusing improvements and science, and in educating men to be useful, admits of no denial. Dr. Trenor, therefore, or any other champion for the old system, under which dental operators acquired their knowledge as apprentices to mechanics learn a trade, cannot shake the faith of Dr. Parmly in the utility of colleges, and especially the one in Baltimore. In this we coincide with Dr. Parmly, from knowing some of the gentlemen who give courses of instruction there. It is quite useless to object to any system which qualifies us for bettering the physical condition of men and women. Dentistry is an essential branch of business in every community in this country. Whatever adds to the qualifications of dentists, either mentally, morally, or in the scientific and mechanical department of their profession, should be sustained and encouraged. We are of the law and order party, and believe these colleges will ensure to the community good dentists.

St. Louis University.—Alarmists have often expressed a proper degree of horror at the rapid multiplication of medical schools at the West. These schools belong to the machinery of civilization, and with the developments of a vast country, a rapid increase of population, the necessi-

ties of society, and the progress of universal knowledge, a link would be wanting in the chain that sustains the whole fabric, were these efforts not made to extend the benefits of medical education. Dr. Pope, of the Chair of Surgery in St. Louis University, addressed the recent graduates of the institution in a manner that must have been gratifying to them, as it is honorable to the literary reputation and philosophical accomplishments of the author. It is not our intention to say much of the discourse; it is evident from it, that talent of the highest order is operating in the far West, to build up a medical power that will pay but little regard, a few years hence, to the light in the East. The centralization of medical skill and learning may not always remain in the Atlantic cities. As the political influence will by and by be wielded from some point not far from the Rocky Mountains, so science may find points of centralization in places least expected, on the banks of the mighty rivers of Missouri, Iowa, Wisconsin and Nebraska. This discourse shows that energy and ambition are already on one terrace of the father of waters, upholding the dignity of the profession, while diffusing those principles and that practical information which are necessary for training up medical and surgical practitioners. Our Western schools are gaining annually, both in strength and respectability. Dr. Pope is the man for a new country, where his moral and scientific qualifications will have an ample field for exercise—and the results of his exertions will be felt on the professional character of that far-off section of the country, long after he passes away.

East Tennessee Record of Medicine and Surgery.—Under the auspices of the Medical Society of Tennessee, a new monthly is to be regularly published, edited by F. A. Ramsay, M.D., a gentleman well known for his tact, kindness of manner, industry and ambition, qualities that will be appreciated in the conductor of a periodical intended for the diffusion of medical information. The first number contains a paper by the editor on the epidemics of Kentucky and Tennessee, which is by far the best and most elaborate of any of the articles. We cordially tender him our congratulations on the prospects of his enterprise.

On Blistering Cerate.—Eugene Dupuy, Esq., a distinguished pharmaceutist of New York, and one of the editors of the new Journal of Pharmacy in that city, gives in one of the numbers of that Journal the following directions for preparing a very convenient blistering cerate.

"The successful researches of Robiquet in his labors on the Cantharis Vesicatoria, have demonstrated that the crystallizable neutral substance to which he gave the name of *Cantharidine*, is the proximate epispastic principle of the blistering cerate on which the physician depends in most cases, where an extended and yet deep revulsive action is necessary, whether it is derived from the cantharis vesicatoria or from other members of the trachelid family. The experiments of Mess. Lavini & Sobrero, of Turin, have confirmed the supposition made by analogy, of the identity which exists in the vesicating principle of all these coleopters, and there is a strong presumption that our commerce will soon be enriched with the beautiful cantharis (C. nutalli), abounding in the midst of our rising South Western States, and that it will eventually supersede the cantharis vesicatoria we obtain from abroad. If adulteration would not destroy, by its baneful influence, the advantageous form of complex extracts, we could

obtain a desirable amelioration of our officinal cerate, by substituting for the powdered cantharides an equivalent proportion of the oleaginous liquid, with which they are saturated in the fresh state, and which is possessed of all the vesicating properties of the insect. That liquid is prepared in various parts of the Sardinian kingdom, especially at Verceil, where it is extensively used by veterinary surgeons in preference to the preparations from the powdered insect, it producing deeper revulsion. It is also used, diluted in bland oleaginous substances, for stimulating the activity of feeble serous exudations. As for the present we have not generally access to that natural product of the cantharis, we must select those insects in the best possible conditions, and endeavor to fix their active principle in such a manner as will diminish the liability to spontaneous volatilization of which it is susceptible, even at ordinary temperature.

"I have been for many years in the habit of preparing a blistering plaster which, I think, has some advantages over our officinal cerate, because it fixes the volatilizable principle, and at the same time rather increases than diminishes its energy.

"To the officinal plastic mixture in which the powdered cantharides have been gradually incorporated, I add about five per cent. of a mixture containing equal parts of strong acetic acid (prepared by distillation of the acetates of copper or lead), and pulverized camphor. The acetic acid transforms the cantharidine into an acetate of the same which is not volatilized at ordinary temperatures, and the camphor diminishes the symptoms of strangury which some patients have to endure when the application of a blistering plaster is resorted to. I also usually spread the blister on adhesive plaster on account of the convenient adhesion of that material."

Physicians' Prescriptions.—We learn from the Philadelphia Medical Examiner that the report of the joint Committee of the Philadelphia County Medical Society and the Philadelphia College of Pharmacy, copied into this Journal for January 14th last, was unanimously adopted by the County Society at its annual meeting held January 20th, 1852, with this proviso:

"That nothing therein contained shall be construed into any sanction or countenance, direct or indirect, on the part of this Society, of the manufacture, sale, or use, by any one, or under any pretext, of quack or secret medicines."

Boston Medical Association.—Some acceptable modifications of the fee bill are proposed, and need to be adopted. The practice of charging a certain sum for a visit, and then deducting a part of it, is absurd. The creditor should have the privilege of giving whatever he chooses, or nothing at all.

Philadelphia Journal of Homœopathy.—Homœopathic periodicals are thickening. A new one has recently commenced in Boston, and one from Philadelphia has just been received, edited by Wm. A. Gardner, M.D. It is beautifully printed, with very little in it to interest the profession. Of course it is down upon Dr. Hooker with *mild* vehemence.

Rarity of Repetition of Attempt at Suicide by Fire-arms. By M. H. Larrey.—M. H. Larrey, in a recent discussion, observed, that according

to his experience suicidal maniacs may make repeated attempts at terminating their existence by poison, drowning, or other means of inducing asphyxia, and even by the sword or dagger; but that individuals who have once attempted to kill themselves by *fire-arms* scarcely ever renew their suicidal endeavor, but resort eagerly to all surgical means capable of correcting or effacing the effects of their mutilations. Among numerous others he might allude to, he referred to two young soldiers, now at the Val de Grace, who having in vain endeavored to blow their brains out, have never since shown the slightest attempt to repeat the act. A case occurred to Dupuytren in the person of a soldier, who after having in vain attempted his life several times, at last endeavored to blow out his brains, but only succeeded in mutilating his face. Cured, however, of the effects of this serious accident, he became also forever cured of his suicidal mania. M. Larrey inquires, whether the cerebral commotion produced in these cases effects a salutary perturbation in the mental condition?

M. Brierre confirmed M. Larrey's statements; and observed, that it may be advanced, if not as an absolute, at least as a very general rule, that individuals that have once endeavored to shoot themselves never repeat the attempt. Frequently, at the end of several years, they make new attempts at suicide by other means. Persons, on the other hand, who have failed in accomplishing their death by the various other means, frequently recur to those among them which they have already uselessly employed.—*L'Union Medicale.*

Medical Miscellany.—Dr. Charles G. Page, who has been principal examiner in the patent office at Washington, has resigned the office.—Why is not Dr. Carson's Illustrations of Medical Botany for sale in Boston? No one seems even to have seen a copy of the quarto plates.—The North American Sylva, in three volumes octavo, with illustrations, will soon be published by Robert P. Smith. The price will be from forty-five to fifty dollars, according to the binding.—There are now twenty-seven medical colleges in the United States, with a prospect of more. Female medical colleges are on the gain: a resolve in favor of the one in Boston, has been reported in the Legislature of Massachusetts.—The degree of M.D. was conferred on three married women, at Syracuse, N. Y., March 17th.—The meeting of the American Medical Association takes place this day in the city of Richmond, Va. A large meeting is anticipated.

To Correspondents.—A communication on Petechial Fever, and one on the Motive Power of the Blood, have been received.

Married,—Dr. George Nichols, of Northfield, Vt., to Miss E. M. Blake.—Isaac Hartshorn, M.D., of Providence, R. I., to Miss E. D. Gardner.—At Cincinnati, S. L. Andrews, M.D., to Miss A. T. Dike.—Geo. W. Eastman, M.D., of Wisconsin, to Mrs. A. S. Munro.—A. J. Gilson, M.D., of Amherst, N. H., to C. F. Hedgeman.

Died,—At Merida, Yucatan, Henry B. Tappan, M.D., 29, of Boston.—At Marblehead, Mass., Calvin Briggs, M.D., 67.

Deaths in Boston—for the week ending Saturday noon, May 1, 64.—Males, 37—females, 27. Abscess, 1—accidental, 2—apoplexy, 1—angina pectoris, 1—inflammation of bowels, 1—disease of brain, 2—consumption, 18—convulsions, 3—cancer, 2—croup, 1—dysentery, 2—dropsy, 2—dropsy of brain, 2—hooping cough, 1—disease of heart, 3—hernia, 1—intemperance, 1—infantile, 4—inflammation of lungs, 3—marasmus, 4—measles, 1—old age, 1—palsy, 2—scald head, 1—smallpox, 1—disease of spine, 1—teething, 2.

Under 5 years, 23—between 5 and 20 years, 5—between 20 and 40 years, 13—between 40 and 60 years, 12—over 60 years, 11. Americans, 33; foreigners and children of foreigners, 31. The above includes 7 deaths at the City institutions.

On the Treatment of Fracture of the Clavicle without Bandages. By M. Robert.—M. Robert, on presenting to the notice of the Society of Surgery, a case of fracture of the clavicle, in which the displacement, that had been considerable, left no traces of its existence, commented on the inconveniences attendant upon the employment of the bandages usually employed in this accident. The pad placed in the axilla sometimes induces ill effects, which may continue long after the cure is accomplished: such as painful swelling, with consequent stiffness of the arm and hand, and compression of the nerves, even to paralysis—inconveniences which are nowise compensated for by the advantages of the bandage. M. Robert dispenses with bandages, and makes the patient lie in bed, entirely supported on the sound side. A pillow is, to this end, placed under the back; and the injured shoulder, abandoned to its own weight, falls backward. The cases in which he has tried this plan, without encumbering the patient with bandages, have constantly done well, consolidation taking place in from twenty to twenty-five days.—*L'Union Medicale.*

Iodine rendered soluble by Syrup of Orange-peel and Tannin.—M. Debauque mentions, in the Journal de Pharmacie of Antwerp, that he has found means of keeping iodine in a state of solution, when added to mixtures in the form of tincture. The author uses, for that purpose, syrup of orange-peel, which answers the purpose perfectly. It was suspected that *tannin* was mainly instrumental in this result; and this was rendered evident by putting a few grains of tannin into a quantity of water to which tincture of iodine had been added, and in which the iodine had of course been precipitated. The addition of the tannin caused the iodine to be immediately re-dissolved. Thus will the syrup of orange-peel be advantageously added to mixtures containing tincture of iodine, and tannin to injections composed of water and the same tincture.—*London Lancet.*

On the Urine produced by Asparagus. By Stanislaus Martin.—Many substances impart to the urine a peculiar odor, and asparagus gives a very strong one. Numerous experiments lead to the belief that this excrementitial humor does not reach the bladder in its perfumed condition; that it only attains this when in contact with the atmosphere, under the influence of agents it has dissolved, and that the formation of the aroma may be regarded as a true oxidation. This is not the case with those saline and colored substances, which, not having become completely decomposed by the vital action, are often found in the urine in their natural state, or somewhat modified. All efforts, both with and without the aid of urine, to obtain a liquid analogous to that which is elaborated after eating asparagus, have been unavailing; which is easily understood, since the organic operation is conducted simultaneously upon the component parts of the urine and the ingested bodies, while in chemical experiments we act only on the body to be decomposed and urine ready formed.—*Bull. de Thér.*

Quinine in Urticaria. By Dr. Wickham.—Dr. Wickham has found in the wards of M. Legroux several cases of urticaria, complicated with severe pain in the joints, yield readily to quinine—a remedy, he observes, also useful in simple urticaria, which exhibits the same fugacious characters as rheumatism.—*Rev. Med. Chir.*, viii. p. 260.